



NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

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PERSONAL REFERENCE QUESTIONNAIRE

TO THE APPLICANT: Print your name, date and phone number below and have each of your character references complete and notarize the personal reference questionnaire.

Name: _____ Date: _____ Ph: _____

REFERENCE: This questionnaire is to be completed by the reference only and must be mailed in with your application to Private Protective Services, 1631 Midtown Place, Suite 104, Raleigh, NC 27609

*****Your application will not be presented to the Board until all references have been received*****

How long have you known the applicant? _____

Do you know him/her personally or professionally? _____

Have you ever known the applicant to have alcohol or drug problems? _____

Is the applicant family oriented? _____

What kind of person do you think he/she is and how would you summarize his/her moral character?

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

Is there anything else about the applicant that has not been asked that you feel we need to know about him before we grant him a license? _____

Would you recommend the applicant for the license that he has requested? _____

Print Name: _____ Signature: _____

Address: City/State/Zip _____ Date: _____

THE ABOVE WAS SWORN AND SUBSCRIBED BEFORE ME THIS

The _____ Day of _____, 20____

Notary Public

My Commission Expires: _____